


12539 ROCKY RIVER CHURCH RD

11149109

1/9/2008

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
*Barcode Font = IDAutomationHC39M*

## Groundwater & Wastewater Services
## Well Project File & Data Review Worksheet

GWS File #: 6098B WASPS App #: 2727

Primary ES assigned to project: David Cornelius

Secondary ES assigned to project: Josh Sellers

Project Type: New Well ☑ Well Abandonment ☐ Major Repair ☐

Septic System Status: Permit in progress ☐ System installation completed ☑ N/A-Sewer ☐

**I. File Review:**

| | | | |
|---|---|---|---|
| Completed application | Yes ☑ | No ☐ | |
| ARGU review report | Yes ☑ | No ☐ | N/A ☐ |
| Signed permit | Yes ☐ | No ☐ | |
| Notification of disinfection | Yes ☐ | No ☐ | N/A ☐ |
| Sample Results | TC ☐ | Nitrate/Nitrite ☐ | Other ☐ N/A ☐ |
| GW-1 Form / GW-30 Form | Yes ☐ | No ☐ | |
| Other related documentation | Yes ☐ | No ☐ | N/A ☐ |

Comments: 10/2/07 - Please fax for signature

# Items requiring correction/modification: _____

**II. WASPS Review:**

| | | | |
|---|---|---|---|
| Completed application w/ valid address | Yes ☑ | No ☐ | |
| ARGU review completed | Yes ☑ | No ☐ | N/A ☐ |
| *Permit issued* | Yes ☑ | No ☐ | |
| Activity checklist completed | Yes ☐ | No ☐ | |
| Appropriate comments included | Yes ☐ | No ☐ | |
| Site information record completed | Yes ☐ | No ☐ | |
| Well detail record completed | Yes ☐ | No ☐ | |

Comments: 10/2/07 - Reassigned to Josh Sellers

# Items requiring correction/modification: _____

Application received date: 9/19/07 ES assigned date: _____ Permit issued date: 9/27/07

Well approval date: _____ Number of days to complete project: _____

Review performed by: _____ Date performed: _____

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St. Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-8894

6098B

# PERMIT TO CONSTRUCT A WATER SUPPLY WELL

**Permit #:** 10002727 **File #:** 6098B **Tax Parcel #:** 111-491-09
**Property Owner:** RONALD & SANDRA SCALLY
**Job Location Address:** 12539 ROCKY RIVER CHURCH RD
**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28215
**Permit Issuance Date:** 9/27/2007
**Use of Well:** Potable
**Type of Facility Served by Well:** House
**Sewage System Type:** None

**Area of Regulated Groundwater Usage Restrictions Apply:** YES
**Replacement for Existing Well:** If Yes, see requirements in Other Conditions of This Permit.

**General Conditions of This Permit:**

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A North Carolina Certified Well Contractor must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

**Specific Conditions of This Permit (Check all that apply):**

[X] Grout must be placed the full extent of the casing. [ ] Casing to bedrock

[ ] Initial water sample to be taken and analyzed for (check all that apply):

[ ] Volatile Organic Compounds (VOC's) [ ] Semi-volatile Compounds [ ] Metals (Specify in Other Conditions)
[ ] Pesticides [ ] Herbicides [ ] Other (See Below)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

**Other Conditions of This Permit:**

No sampling prescribed. Wells samples between contamination site and proposed well site in 2002 were ND.

DAVID BRENEMAN JR.
Authorized Agent: Print Name

Signature:

Allison Price - DL Mullis
Owner/Legal Agent: Print Name

Signature: Allison Price - DL Mullis

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
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**City/ETJ:** CHARLOTTE **State:** NC **Zip Code:** 28215
**Permit Issuance Date:** 9/27/2007
**Use of Well:** Potable
**Type of Facility Served by Well:** House
**Sewage System Type:** None

**Area of Regulated Groundwater Usage Restrictions Apply:** YES

**Replacement for Existing Well:** If Yes, see requirements in Other Conditions of This Permit.

**General Conditions of This Permit:**

- *Water Supply Well construction must meet all requirements set forth in the Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A North Carolina Certified Well Contractor must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
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**Specific Conditions of This Permit (Check all that apply):**

[X] *Grout must be placed the full extent of the casing.* [ ] Casing to bedrock

[ ] Initial water sample to be taken and analyzed for (check all that apply):

[ ] Volatile Organic Compounds (VOC's) [ ] Semi-volatile Compounds [ ] Metals (Specify in Other Conditions)
[ ] Pesticides [ ] Herbicides [ ] Other (See Below)

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

**Other Conditions of This Permit:**

No sampling prescribed. Wells sampled between contamination site and proposed well site in 2002 were ND.

DAVID CORNELIUS, RS
Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

*Mecklenburg County, North Carolina*

# POLARIS

***Property Ownership Land Records Information System***

Date Printed: Mon Oct 1 11:00:52 EDT 2007




This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. *Users of this map are hereby notified that* the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information *contained herein.*

David Gorrell, RS
10/1/07

Residential 2727# D.Tyndall

FILE NUMBER: 6098B

Revised On: January 3, 2007

APPLICATION NUMBER:

SEPTIC FEE: _____
DATE: _____

**MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES**
**APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL**

WELL FEE: 400.00
DATE: 9/20/07

1. SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM ☐ ALTERATION ☐ REPAIR ☐ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ☐ NONE ☒ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

pcc app

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 11149109
STREET ADDRESS: 12539 Rocky River Church Rd
CITY: Charlotte
STATE: NC ZIP: 28215
SUBDIVISION NAME:
LOT #: LOT SIZE (acres):
TOWNSHIP:
☑ 0-MECKLENBURG ☐ 3-CORNELIUS ☐ 6-HUNTERSVILLE
☐ 1-CHARLOTTE ☐ 4-PINEVILLE ☐ 7-MINT HILL
☐ 2-DAVIDSON ☐ 5-MATTHEWS

4. BUILDING INFORMATION:

BUILDING TYPE:
☐ SINGLE MOBILE HOME ☐ MODULAR HOME
☐ DOUBLE WIDE ☐ MULTIPLE FAMILY
☒ HOUSE ☐ OTHER _____
HEATED SQUARE FOOTAGE: 1400
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☒ CRAWL SPACE ☐ BASMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ☐ MUNICIPAL ☐ PUBLIC WELL ☒ PRIVATE WELL ☐ SHARED WELL ☐ SPRING

7. PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☒ POTABLE ☐ GEOTHERMAL ☐ OTHER

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

| | | | | | |
|---|---|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ☐ YES | ☑ NO | GRADING/SOIL REMOVAL PERFORMED | ☐ YES | ☑ NO |
| EXISTING WASTEWATER SYSTEMS | ☐ YES | ☑ NO | JURISDICTIONAL WETLANDS | ☐ YES | ☑ NO |
| WELLS, SPRINGS, OR WATER LINES | ☑ YES | ☐ NO | APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY | ☐ YES | ☑ NO |
| EASEMENTS OR RIGHT-OF-WAYS | ☐ YES | ☑ NO | WASTEWATER OTHER THAN DOMESTIC SEWAGE | ☐ YES | ☑ NO |

10. PROPERTY OWNER:

NAME: Ronald + Sandra Scally
ADDRESS: 12720 Rocky River Church Rd
CITY: Charlotte
STATE: NC ZIP: 28215
HOME PHONE: 7045456714 WORK PHONE:
MOBILE PHONE: 7046220609 FAX:

11. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: DL Mullis Well Drilling
ADDRESS: PO Box 691446
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: WORK PHONE: 7045455694
MOBILE PHONE: FAX: 7045459449

12. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

13 WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____

14. SEPTIC SYSTEM PERMIT APPLICATION SIGNATURE SECTION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. *The permit is valid for either 60 months or is non-expiring* depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

Property Owner's or Owner's Legal Representative Signature Date

16. WELL PERMIT APPLICATION SIGNATURE SECTION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of 12 *months from the date of issuance.*

Sandra Scally
Ronald Scally

Property Owner's or Owner's Legal Representative Signature 9/18/07 Date

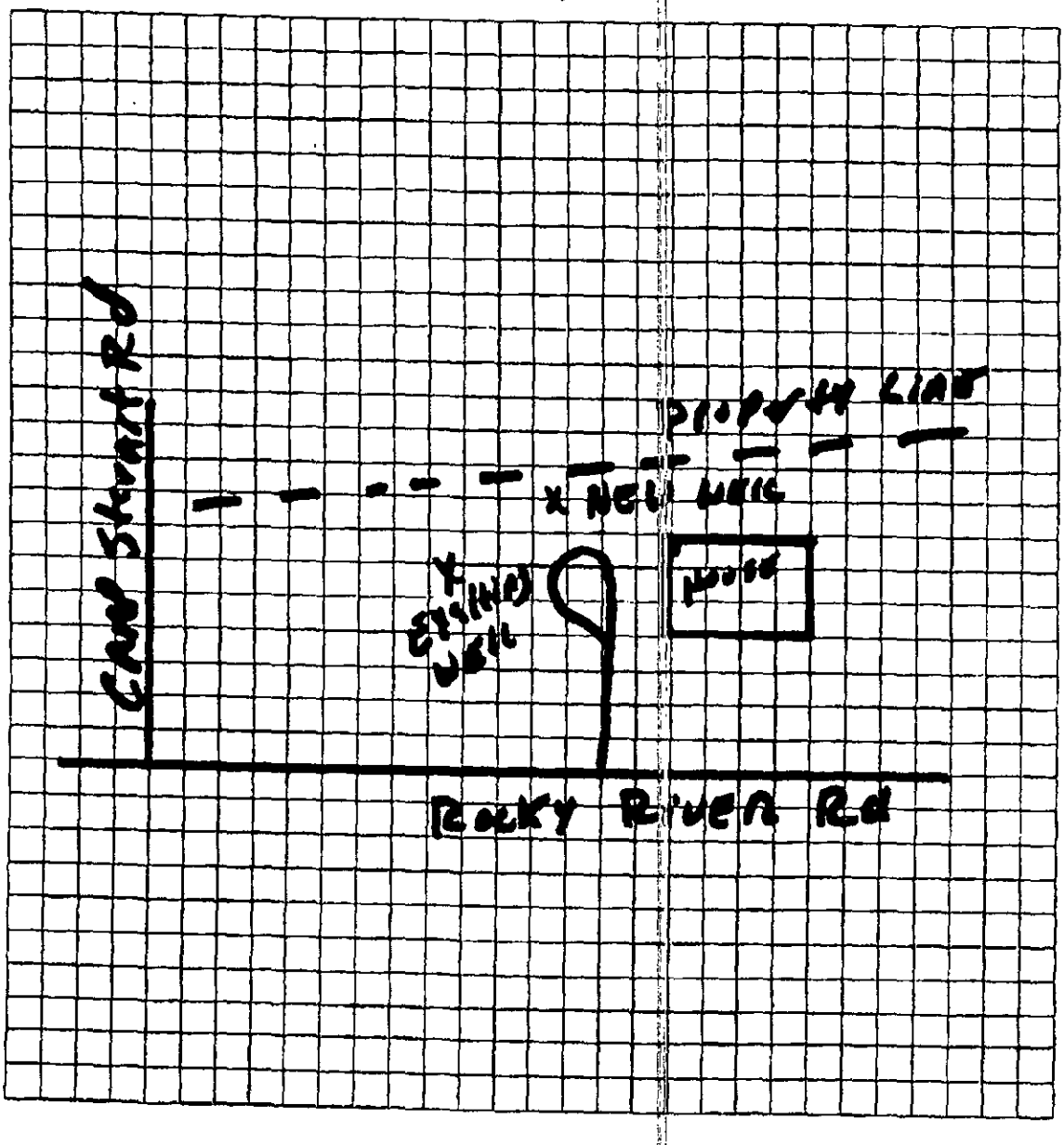
☐ SURVEY PLAT TO SCALE SUBMITTED ☐ SCALED SITE PLAN SUBMITTED ☐ UN-SCALED SITE PLAN SUBMITTED

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-8894

File # _____
Approval Date_____

## APPROVED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property.




| Owner/Agent Signature | Staff Signature |
|---|---|
| Date | Date |

LBC 12/15/04

**D.L. MULLIS WELL DRILLING & GRADING, INC.**
**MULLISWELL.COM**
PO BOX 691446
CHARLOTTE,NC 28227
704-545-5694
FAX 704-545-9449

# Fax

| | | | |
|---|---|---|---|
| **To:** | MECK COUNTY | **FROM** | DREAMA |
| **FAX** | 704-336-6894 | **PAGES** | 3 |
| | 704-545-9449 | **DATE** | 09-19-07 |
| RE: | APPLICATION | | |

**Urgent** **For Review** **Please Comment** **Please Reply** **Please Recycle**

• **Comments:** D.L. MULLIS WELL DRILLING DOES NOT ASSUME LIABILITY FOR DAMAGE TO DRIVEWAYS, SIDEWALKS, LANDSCAPING,OR UNDERGROUND UTILITIES.

* Please call for credit card

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

| | | | |
|---|---|---|---|
| **Date:** | 09/19/07 | **Amount:** | 400.00 |
| **Receipt #:** | 52732 | **Tendered:** | 0.00 |
| **Check / Auth #:** | VISA 096987 | **Returned:** | 0.00 |
| **Received By:** | CRAIGGY | | |

**Account Information**

**Account #:** 200000
**Contractor:** D L MULLIS WELL DRILLING
**Attn:**
**Address:** P O BOX 691446
**Address:**
**City/State/Zip:** CHARLOTTE, NC 28227

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0753 | Private Well, New<br>12539 ROCKY RIVER CHURCH RD/FILE 6098B | | 1 | 400.00 | 400.00 |

----------Outstanding Balances----------

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|

Mecklenburg County Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

6098B

# PERMIT TO CONSTRUCT A WATER SUPPLY WELL

**Permit #:** 10000136 **Tax Parcel #:** 111-491-09
**Property Owner:** Ronald & Sandra Scally
**Job Location Address:**12539 ROCKY RIVER CHURCH RD
**City/ETJ:**CHARLOTTE **State:** NC **Zip Code:** 28215
**Permit Issuance Date:** 9/12/2005
**Use of Well:**
**Type of Facility Served by Well:** House
**Sewage System Type:** None

**Area of Regulated Groundwater Usage Restrictions Apply:**YES

**Replacement for Existing Well:** If Yes, see requirements in Other Conditions of This Permit.

**General Conditions of This Permit:**

- *Water Supply Well construction must meet all requirements set forth in the Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
- A Certified Well Contractor that is currently registered with the Department must perform the well construction activities.
- The permitted Water Supply Well shall be located in accordance with the attached SITE PLAN.
- Any alteration of the site (including location of structures and appurtenances) or modification in use of the well, may subject this Permit to revocation.
- The Department will collect an initial sample of water from the Water Supply Well and analyze the sample for total coliform bacteria, nitrate, and nitrite. A review of the analysis by the Department must find the sample to meet the groundwater quality standards specified in Chapter 5 of the Mecklenburg County Groundwater Well Regulations before the Water Supply Well can be placed in service.
- This Permit shall be VALID for a period not to exceed 12 months from the date of issuance.

**Specific Conditions of This Permit (Check all that apply):**

X Grout must be placed the full extent of the casing.

X Initial water sample to taken and analyzed for (check all that apply):

| | | |
|---|---|---|
| X Volatile Organic Compounds (VOC's) | Semi-volatile Compounds | Metals (Specify in Other Conditions) |
| Pesticides | Herbicides | Other (See Below) |

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

**Other Conditions of This Permit:**

Phyllis S. Walker
Phyllis S. Walker RS
Authorized Agent: Print Name

Phyllis S. Walker RS
Signature:

Owner/Legal Agent: Print Name

Signature:

*Mecklenburg County* Health Department
Groundwater & Wastewater Services
700 N. Tryon St, Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6894

# PERMIT TO CONSTRUCT A WATER SUPPLY WELL

**Permit #:** 10000136 **Tax Parcel #:** 111-491-09
**Property Owner:** Ronald & Sandra Scally
**Job Location Address:**12539 ROCKY RIVER CHURCH RD
**City/ETJ:**CHARLOTTE **State:** NC **Zip Code:** 28215
**Permit Issuance Date:** 9/12/2005
**Use of Well:**
**Type of Facility Served by Well:** House
**Sewage System Type:** None

**Area of Regulated Groundwater Usage Restrictions Apply:**YES
**Replacement for Existing Well:** If Yes, see requirements in Other Conditions of This Permit.

**General Conditions of This Permit:**

- Water Supply Well construction must meet all requirements set forth in the *Mecklenburg County Groundwater Well Regulations* and any other applicable rules and laws.
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X Initial water sample to taken and analyzed for (check all that apply):

| | | |
|---|---|---|
| [X] Volatile Organic Compounds (VOC's) | [ ] Semi-volatile Compounds | [ ] Metals (Specify in Other Conditions) |
| [ ] Pesticides | [ ] Herbicides | [ ] Other (See Below) |

The analysis must be submitted to the Department for review and approval prior to the Water Supply well being placed in service.

**Other Conditions of This Permit:**

Authorized Agent: Print Name

Signature:

Owner/Legal Agent: Print Name

Signature:

App. #: 136

Septic Fee: 0

Date:

CRT[ ]

**PERMIT APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION FOR ONSITE WASTEWATER SYSTEM NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES**

**FILE #** 6098B

Well Fee: 400.00

Date: 8/19/2005

CRT[ ]

SEPTIC / TYPE APPLICATION: (•) NONE ( ) NEW SYSTEM ( ) ALTERATION ( ) REPAIR ( ) MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ( ) NONE (•) NEW WELL ( ) MAJOR REPAIR ( ) ABANDONMENT

**JOB LOCATION INFORMATION:**

TAX / PARCEL #: 111-491-09

STREET ADDRESS: 12539 ROCKY RIVER CHURCH RI

CITY: CHARLOTTE

STATE: NC ZIP: 28215

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP:
Label

**BUILDING INFORMATION:**

TYPE OF BUILDING:

( ) SINGLE MOBILE HOME (S) ( ) MODULAR HOME (M)

( ) DOUBLE WIDE (D) ( ) MULTIPLE FAMILY (U)

(•) HOUSE (H) ( ) OTHER

HEATED SQUARE FOOTAGE: 1400

NUMBER OF BEDROOMS: 2

NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

[ ] CONCRETE SLAB [ ] BASEMENT WITH PLUMBING

[x] CRAWL SPACE [ ] BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND / ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE?: ( ) Yes (•) No TYPE:

WATER SUPPLY:

[ ] MUNICIPAL (M) [ ] PUBLIC (C) [x] PRIVATE WELL (P) [ ] SHARED WELL (S) [ ] OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ( ) N/A ( ) IRRIGATION ( ) POTABLE ( ) GEOTHERMAL ( ) OTHER

**ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.**

| | | | |
|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ( ) Yes (•) No | WELLS, SPRINGS, OR WATER LINES | (•) Yes ( ) No |
| EXISTING WASTEWATER SYSTEMS | ( ) Yes (•) No | DESIGNATED WETLANDS | ( ) Yes (•) No |
| EASEMENTS OR RIGHT-OF-WAYS | ( ) Yes (•) No | GRADING/SOIL REMOVAL PERFORMED | ( ) Yes (•) No |

**PROPERTY OWNER:**

NAME: Ronald & Sandra Scally

ADDRESS: 12720 Rocky River Church Road

CITY: Charlotte

STATE: NORTH CAROLINA ZIP: 28215

HOME PHONE: 704-549-6716 WORK:

MOBILE: 704-545-6716 FAX:

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: DL Mullis Well Drilling, Inc.

ADDRESS: P.O. Box 691446

CITY: Charlotte

STATE: NORTH CAROLINA ZIP: 28227

HOME PHONE: WORK:

MOBILE: 704-545-5694 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

PRINT Update Go to Front Counter

App. #: 136

Septic Fee: 0

Date:

CRT[ ]

**PERMIT APPLICATION FOR A RESIDENTIAL SITE**
**IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION**
**FOR ONSITE WASTEWATER SYSTEM**
**NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL**
**MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES**
**FILE #** 6098B

Well Fee: 400.00

Date: 8/19/2005

CRT[ ]

SEPTIC / TYPE APPLICATION: (•) NONE ( ) NEW SYSTEM ( ) ALTERATION ( ) REPAIR ( ) MODIFY PLOT PLAN

WELL / TYPE APPLICATION: ( ) NONE (•) NEW WELL ( ) MAJOR REPAIR ( ) ABANDONMENT

**JOB LOCATION INFORMATION:**

TAX / PARCEL #: 111-491-09

STREET ADDRESS: 12539 ROCKY RIVER CHURCH RI

CITY: CHARLOTTE

STATE: NC ZIP: 28215

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT #: 0

TOWNSHIP:
Label

**BUILDING INFORMATION:**

***TYPE OF BUILDING:***

( ) SINGLE MOBILE HOME (S) ( ) MODULAR HOME (M)

( ) DOUBLE WIDE (D) ( ) MULTIPLE FAMILY (U)

(•) HOUSE (H) ( ) OTHER

HEATED SQUARE FOOTAGE: 1400

NUMBER OF BEDROOMS: 2

NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

[ ] CONCRETE SLAB [ ] BASEMENT WITH PLUMBING

[x] CRAWL SPACE [ ] BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND / ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: 0 NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: 0

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE?: ( ) Yes (•) No TYPE:

WATER SUPPLY:

[ ] MUNICIPAL (M) [ ] PUBLIC (C) [x] PRIVATE WELL (P) [ ] SHARED WELL (S) [ ] OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ( ) N/A ( ) IRRIGATION ( ) POTABLE ( ) GEOTHERMAL ( ) OTHER

**ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.**

| | | | |
|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ( ) Yes (•) No | WELLS, SPRINGS, OR WATER LINES | (•) Yes ( ) No |
| EXISTING WASTEWATER SYSTEMS | ( ) Yes (•) No | DESIGNATED WETLANDS | ( ) Yes (•) No |
| EASEMENTS OR RIGHT-OF-WAYS | ( ) Yes (•) No | GRADING/SOIL REMOVAL PERFORMED | ( ) Yes (•) No |

**PROPERTY OWNER:**

NAME: Ronald & Sandra Scally

ADDRESS: 12720 Rocky River Church Road

CITY: Charlotte

STATE: NORTH CAROLINA ZIP: 28215

HOME PHONE: 704-549-6716 WORK:

MOBILE: 704-545-6716 FAX:

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: DL Mullis Well Drilling, Inc.

ADDRESS: P.O. Box 691446

CITY: Charlotte

STATE: NORTH CAROLINA ZIP: 28227

HOME PHONE: WORK:

MOBILE: 704-545-5694 FAX:

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?

WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

Date:8/22/2005
Reviewed By:_DFT___

# MECKLENBURG COUNTY
## Land Use & Environmental Services Agency
## Groundwater & Wastewater Services

**ARGU Review Worksheet**

Job Location Information

Tax Parcel ID #: 111-491-09 File # 6098B

Street Address: 12539 Rocky River Church Road

Contamination Site Information

(If more than one contamination site is within 2000 feet of the job location, fill out a separate review worksheet for each contamination site)

Tax Parcel ID #: 111-271-17 MPL # 1080

Street Address: 12200 Rocky River Church Road, Charlotte

DENR Incident #: 24001

*Current Status:* Remediation Why? Benzene in groundwater excess of 2L Std. State required remediation.

Responsible Party: R.D. Worley

Responsible Party Contact Info: 12200 Rocky River Church Road
Charlotte, NC 28215

File Review

Attach the most recent *extent of contamination* map for each constituent above either 2L groundwater standard or Maximum Soil Contaminant Concentration (MSCC).

Benzene detected in groundwater at 5060 ppb.

Attach copies of groundwater flow maps. (Watch of seasonal change)

Attach a copy of the most recent summary table for soil/groundwater laboratory analysis
Is the source area identified in either the report text or on a site map? Attach map or if text only, indicated the location on an extent of contamination map. NO
Based on this information, answer the following questions:

Has the extent of contamination been defined or partially defined for all constituents-of-concern? NO

ARGU is a 1500-foot buffer around the maximum extent of contamination

If No, is the source area defined?

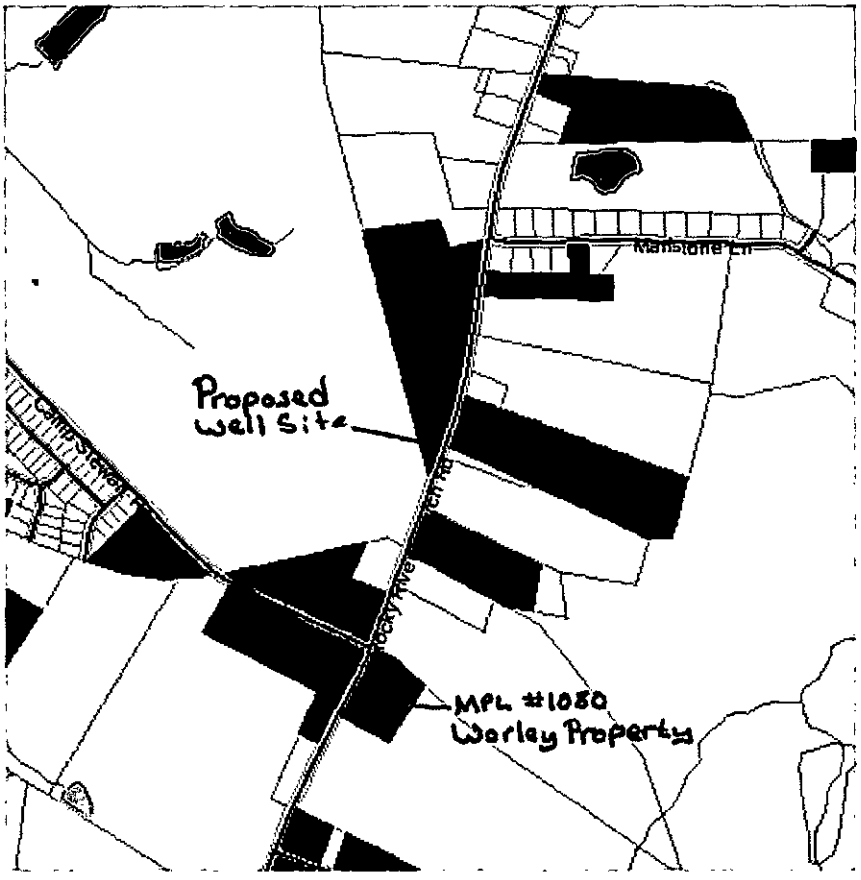
| | |
|---|---|
| If Yes | ARGU is a 1500-foot buffer around the source area |
| If No | ARGU is a 1500-foot buffer around the contamination site property boundary. |

Is a public water supply (other than transient or non-transient supply wells) available to the proposed job location? NO

| | |
|---|---|
| If No | Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review. |
| If Yes | Is the well within the first 1000 feet of the ARGU? |
| If No | Well allowed, but construction requirements apply. Sampling requirements may apply pending hydrogeologic review. |
| If Yes | Permit denied. |

Reviewer Comments: Well allowed with additional sampling requirements. Well required to be sampled for VOCs upon completion. Full grouting of casing is required. _____
_____
_____
_____

# MECKLENBURG COUNTY
## Well Information System




**LEGEND**

*Parcels - Well View*

- Both Site and Well
- Landfill
- Public Well
- Contamination Site
- Private Well

*Jurisdictions*

- Charlotte
- Cornelius
- Davidson
- Huntersville
- Matthews
- Mecklenburg
- Mint Hill
- Pineville
- Stallings

The information provided by this program is compiled from recorded deeds, plats, tax maps, surveys, elections information, and other public records and data. Users of this map data are hereby notified that the aforementioned public primary information sources should be consulted for verification of the information. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

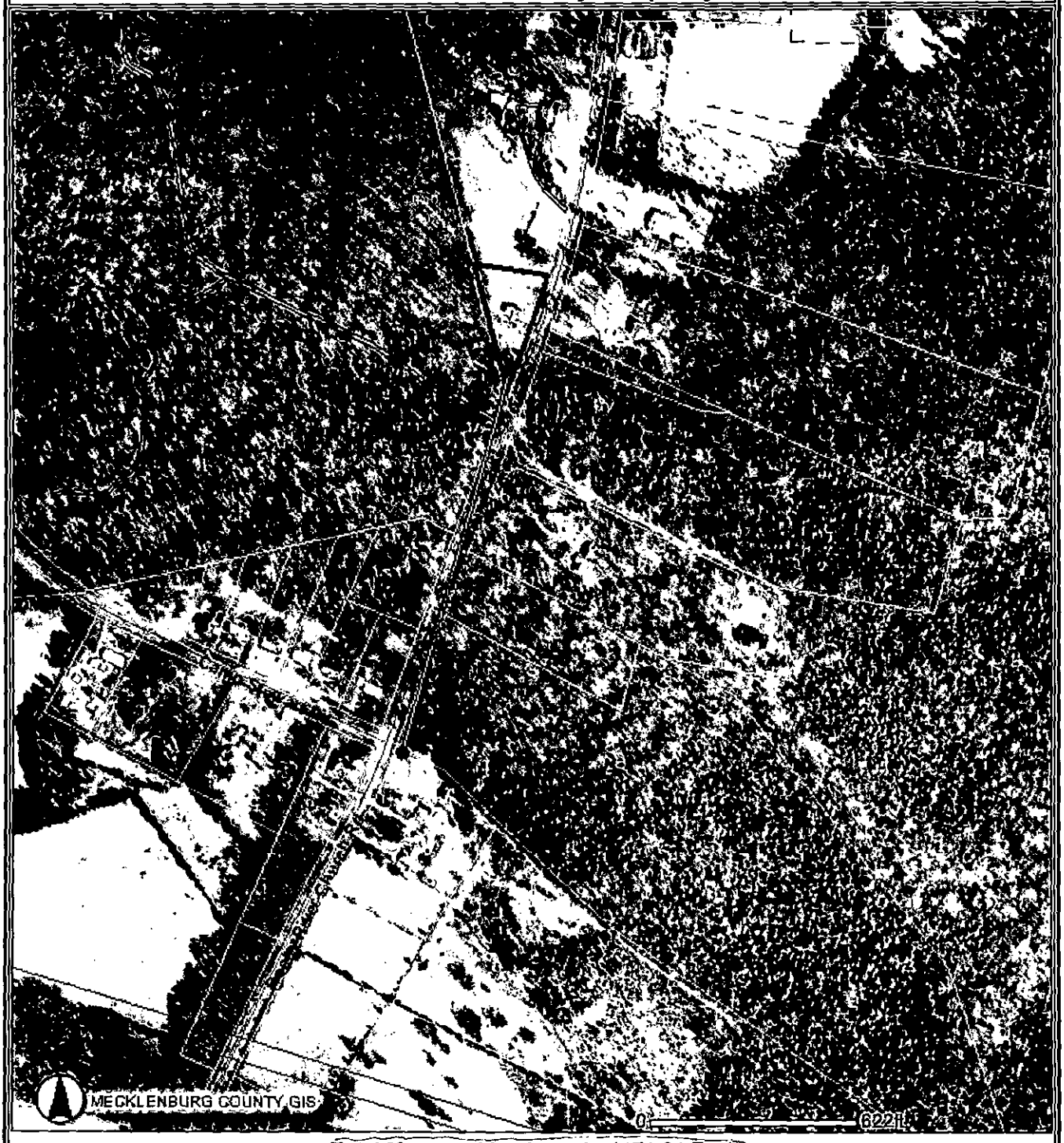
*Mecklenburg County, North Carolina*

# *POLARIS*

***Property Ownership Land Records Information System***

Date Printed: Mon Aug 22 08:48:13 EDT 2005

## ARGU Review File 6098B 12539 Rocky River Church Rd Parcel 111-491-09
## Distance to MPL#1080 Worley Property > 1000 feet




**Total Measure Line Length:** 1171.64 Feet

This map is prepared for the inventory of real property within Mecklenburg County and is compiled from recorded deeds, plats, tax maps, surveys, planimetric maps, and other public records and data. Users of this map are hereby notified that the aforementioned public primary information sources should be consulted for verification. Mecklenburg County and its mapping contractors assume no legal responsibility for the information contained herein.

# GROUNDWATER CONTAMINATION QUERY RESULTS

| Incident # | Incident Location/Name | Address | City/Town | County | Region | Source Desc | Type Desc | Submitted Date | Incident Phase |
|---|---|---|---|---|---|---|---|---|---|
| 24001 | R. D. WORLEY PROPERTY | 12200 ROCKY RIVER CHURCH ROAD | CHARLOTTE | MECKL | MOR | Underground Storage Tank | Gasoline | 2/26/2002 | RE |

Number of Records: 1

EPIC Report for ARGU Review
12539 Rocky River Road
Tax Parcel ID # 111-491-09
File # 6098B

Public water supplied by CMU is NOT available at this site.

08/22/2005 (Monday) – Received request for ARGU review for new water supply well located at 12539 Rocky River Church Road. Mullis Well Drilling is the contractor of record. According to the well information database there is an existing well at this property. Spoke with Mullis Well Drilling who informed me the existing well is a 2-inch well that needs replacement.

08/22/2005 (Monday) – Conducted ARGU review. Identified one MPL site within 1,500 feet of the subject parcel:

MPL# 1080 Worley Property UST Site

File review of Worley Property file indicates:
NCDENR issued NOV Dec 2, 2002 requiring Risk Based Assessment and Corrective Action for a leaking UST at the site. Benzene was detected at 5060 ppb in an on-site monitoring well.

An on-site water supply well was identified at the contamination site. NCDENR collected sample from the on-site well March 2, 2005. No VOCs detected in that sample.

A Notice of Regulatory Requirements Dated Oct. 27, 2003 indicated the full extent of contamination had not yet been defined. Site is listed in NCDENR database as in remediation.

An MPL investigation was conducted by GWS staff in February 2002. Nine (9) nearby water supply wells were sampled. Zero (0) were impacted by VOCs.

Based on this review this permit application is approved with the following conditions:

Full grouting of well casing
In addition to other required sampling an initial sample for VOCs.

END.

# MECKLENBURG COUNTY

**Land Use & Environmental Services Agency**
**Water & Land Resources**
***Groundwater & Wastewater Services***

## Fax Coversheet

****NOTICE****

The information contained in this fax may be privileged and/or confidential and is intended only for the use of the person to who it is addressed. If the reader of this message is not the intended recipient (or such recipient's employee or agent), you are hereby notified not to read, distribute, or copy the materials attached hereto without the prior written consent of the sender. If you have received this fax in error, please notify the sender by telephone call and return the original to us by mail and you will be reimbursed for the required postage. Thank you.

To: Allison
Mullis Well Drilling

Fax #: 704 545 9449

Phone #: _____

From: Philo Walker
GWS

Date: 9/12/05

Number of pages transmitted: 2 (including coversheet)

Comments: Please return fax w/ Signature to 704 336 6894 to my attention. Thanks Philo

If you do not receive all pages of this fax please call (704) 336-5103.

☒ Original will not follow

☐ Original will follow via: ☐ U.S. Mail ☐ Hand Delivery ☐ _____

700 North Tryon Street • Suite 211 • Charlotte, North Carolina 28202-2236
Office #: (704) 336-5103 • Fax #: (704) 336-6894

# RESIDENTIAL WELL CONSTRUCTION RECORD

North Carolina Department of Environment and Natural Resources- Division of Water Quality

**WELL CONTRACTOR CERTIFICATION #** 2036

**1. WELL CONTRACTOR:**
KELVIN BELK - CHARLES BRIDGES
Well Contractor (Individual) Name
D.L. MULLIS WELL DRLG.
Well Contractor Company Name
STREET ADDRESS 9200 SURFACE HILL Rd
CHARLOTTE NC 28227
City or Town State Zip Code
(704) 5455694
Area code- Phone number

**2. WELL INFORMATION:**
SITE WELL ID #(if applicable)
STATE WELL PERMIT#(if applicable) 10000136
OWQ or OTHER PERMIT #(if applicable)
WELL USE (Check Applicable Box): Residential Water Supply ☐
DATE DRILLED 9-15-05
TIME COMPLETED 4:00 AM ☐ PM ☐

**3. WELL LOCATION:**
CITY: CHARLOTTE COUNTY MECK
ROCKY RIVER ROAD CHURCH Rd.
(Street Name, Numbers, Community, Subdivision, Lot No., Parcel, Zip Code)
TOPOGRAPHIC / LAND SETTING:
☐ Slope ☐ Valley ☐ Flat ☑ Ridge ☐ Other
(check appropriate box)
LATITUDE 35° 14.292'
LONGITUDE 80° 37.922'
May be in degrees, minutes, seconds or in a decimal format
Latitude/longitude source: ☑ GPS ☐ Topographic map
*(location of well must be shown on a USGS topo map and attached to this form if not using GPS)*

**4. WELL OWNER**
OWNER'S NAME Ronald + Sandra Scally
STREET ADDRESS 12539 Rocky River Rd
Charlotte NC 28215
City or Town State Zip Code
704 + 545-6916
Area code - Phone number

**5. WELL DETAILS:**
a. TOTAL DEPTH: 300'
b. DOES WELL REPLACE EXISTING WELL? YES ☑ NO ☐
c. WATER LEVEL Below Top of Casing: 45' FT.
*(Use "+" if Above Top of Casing)*
d. TOP OF CASING IS 1' FT. Above Land Surface*
*Top of casing terminated at/or below land surface may require a variance in accordance with 15A NCAC 2C .0118.
e. YIELD (gpm): 7 METHOD OF TEST AIR
f. DISINFECTION: Type HTH Amount 1lb.
g. WATER ZONES (depth):
From 150' To ____ From ____ To ____
From ____ To ____ From ____ To ____
From ____ To ____ From ____ To ____

**6. CASING:**

| | Depth | | Diameter | Thickness/ Weight | Material |
|---|---|---|---|---|---|
| From +1' | To 90' | Ft. | 6"8" | 25" | PVC |
| From ____ | To ____ | Ft. | | | |
| From ____ | To ____ | Ft. | | | |

**7. GROUT:**

| | Depth | | Material | Method |
|---|---|---|---|---|
| From 0 | To 90' | Ft. | Cement | pumped |
| From ____ | To ____ | Ft. | | |
| From ____ | To ____ | Ft. | | |

**8. SCREEN:**

| | Depth | | Diameter | Slot Size | Material |
|---|---|---|---|---|---|
| From — | To ____ | Ft. | — in. | ____ in. | — |
| From — | To ____ | Ft. | — in. | ____ in. | — |
| From — | To ____ | Ft. | — in. | ____ in. | — |

**9. SAND/GRAVEL PACK:**

| | Depth | | Size | Material |
|---|---|---|---|---|
| From — | To ____ | Ft. | — | — |
| From — | To ____ | Ft. | — | — |
| From — | To ____ | Ft. | — | — |

**10. DRILLING LOG**

| From | To | Formation Description |
|---|---|---|
| 0' | 50' | clay |
| 50' | 90' | sand |
| 90' | 165' | sandstone |
| 165' | 300' | granite |

**11. REMARKS:**

I DO HEREBY CERTIFY THAT THIS WELL WAS CONSTRUCTED IN ACCORDANCE WITH 15A NCAC 2C, WELL CONSTRUCTION STANDARDS, AND THAT A COPY OF THIS RECORD HAS BEEN PROVIDED TO THE WELL OWNER.

D.L. Mullis 9-19-05
SIGNATURE OF CERTIFIED WELL CONTRACTOR DATE

KELVIN BELK - CHARLES BRIDGES
PRINTED NAME OF PERSON CONSTRUCTING THE WELL

**Submit the original to the Division of Water Quality within 30 days. Attn: Information Mgt., 1617 Mail Service Center – Raleigh, NC 27699-1617 Phone No. (919) 733-7015 ext. 537**

Form GW-1b

**North Carolina State Laboratory of Public Health**
**Department of Health and Human Services**
**P. O. Box 28047 -- 306 N. Wilmington St. -- Raleigh, N. C. 27611-8047**

## INORGANIC CHEMICAL ANALYSIS - NITRATE ONLY

**Name of System:** Scally, Ronald
**Address:** 12539 Rocky River Church Rd
Charlotte, NC **Zip:** 28215
**County:** MECKLENB

**Report To:** Mecklenburg Co. Env. Health **ATTN:** Z. Petersen
700 North Tryon Street (704) 336-5101
Charlotte, NC 28202
**Courier:** 05-16-21

**Source of Water:** Ground
**Source of Sample:**
**Type of Sample:** Raw
**Type of Treatment:** None
**Type of Analysis:** Nitrate
**Category:**

**Collected By:** Z. PETERSEN **Date:** 10/19/2005 **Time:** 3:00:00 PM
**Location of sampling point:** Well Head
**Remarks:** File 60988 Permit # 1000136
TAX Parcel # 111-491-09

| Parameters | Results | Units | Date Analyzed: |
|---|---|---|---|
| Nitrite as N | <0.10 | mg/l | 10/20/2005 |
| Nitrate as N | <1.0 | mg/l | 10/20/2005 |

NCSLPH
North Carolina Public Health
State Laboratory of Public Health

**EXPLANATION OF RESULTS:**

Foster/Therapeutic Homes: Nitrate-N level acceptable if less than or equal to 10 mg/l
Private Well Guidelines: Nitrite-N level should be ≤ 1.0 mg/l and Nitrate-N ≤ 10.0 mg/l

**Sample Temperature on Receipt:** 5.0 °C
**Date Received:** 10/20/2005 **Report Date:** 11/2/2005 **Reported By:** Debbie Howell
**Today's Date:** 11/2/2005 **Reference:** 14438 **Login Batch** 05100057 **Sample Number:** AB33832

## Explanations

**Coliform Analysis:**
If coliform bacteria are Absent, the water is considered safe for drinking purposes. If coliform bacteria are Present, the water is considered unsafe for drinking purposes. Presence of E. coli (bacteria) generally indicates that the water has been contaminated with fecal material. It must be remembered that a water analysis refers only to the sample received and should not be regarded as a complete report on the water supply.

**Inorganic Analysis:**
Recommended limits for drinking water. Sample should not exceed levels listed below.

| | | | |
|---|---|---|---|
| Alkalinity | No established limits | Iron | 0.30 mg/l |
| Arsenic | 0.01 mg/l | Lead | 0.015 mg/l |
| Calcium | No established limits | Magnesium | No established limits |
| Chloride | 250 mg/l | Manganese | 0.05 mg/l |
| Copper | 1.3 mg/l | Nitrate | 10 mg/l (as N) |
| Fluoride | 4 mg/l | Nitrite | 1.0 mg/l (as N) |
| Hardness | No established limits | pH | Not less than 6.5 units |
| | | Zinc | 5.0 mg/l |

CHARLOTTE.

**Laboratory Analysis Report**
Report Date: 10/21/2005 11:39 AM

## LABORATORY SERVICES DIVISION

LOCATION: SCALLY101805
LOC ID: G-NEW
SAMPLE DATE-TIME: 10/18/2005 14:19
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB52008
CHAIN OF CUSTODY #: 05100317

| | Parameter | Result | Units | RL | Method | Start Date/ Time | Analyst |
|---|---|---|---|---|---|---|---|
| AB52008 | E. COLI-PA | absent | P/A | | SM 9223B | 10/19/2005 8:10 | KEK |
| AB52008 | Total Coliform | absent | P/A | | SM 9223B | 10/19/2005 8:10 | KEK |

Comment:

Laboratory Supervisor: _____

*Laboratory Certifications:* McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

# CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

**CHAIN OF CUSTODY RECORD**

**Hal Marshall Laboratory,** 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

PAGE 1 OF 1

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water) - Scally Residence

LOCATION / ADDRESS: 12539 Rocky River Church Rd.

LAB CODE (circle one): REAL PRIV (NEW) TNC MPL PME OTHER

**Send Report To:** Zach Petersen
700N Tryon St. Ste. 205
Charlotte, NC 28202

**COC#:** 05100317

Sampled By (Print Name): Trevor Thomason

| SAMPLE ID | Sample Collector's Initials | Sample Collection: Begin Date and Time | Sample Collection: End Date and Time | Chlorinated System | Sample Temperature: Collection Temp | Sample Temperature: Receipt Temp | Sample Type: Depth Composite | Sample Type: Auto Composite | Sample Type: Hand Comp | Sample Type: Grab | Sample Containers: Plastic | Sample Containers: Glass | Sample Containers: # Containers | Chemical Preservative: None | Chemical Preservative: HNO3 | Chemical Preservative: H2SO4 | Chemical Preservative: NaOH | Chemical Preservative: HCl | Chemical Preservative: Na2S2O3 | Chemical Preservative: pH Correct | Analyses Requested: Total Coliform | Analyses Requested: Nitrate | Analyses Requested: Nitrite | Analyses Requested: Nitrate + Nitrite | Analyses Requested: Fluoride | Analyses Requested: Hardness | Analyses Requested: Metals | Analyses Requested: Fecal Coliform | Analyses Requested: Fecal Strep | Analyses Requested: Pest/PCB, EPA 608 | Analyses Requested: Herb, EPA 8151 | Analyses Requested: VOA, EPA 8260 | Analyses Requested: Semis, EPA 8270 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GWS-Scally101805 | TT | 10/18/05 14:10 ~~13:20~~ | | N | | | | | | X | 100 ml | | 1 | | | | | | X | | X | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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NOTES: *Complete yellow shaded sections; each "X" needs to be circled.*

*Itemize requested Metals here:*

COMMENTS: ****3-DAY TAT REQUESTED****

| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
|---|---|---|---|
| [signature] | [signature] | 10-18-05 | 1550 |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |

Form Revision 05; effective 03/15/2005

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

CHARLOTTE

# Laboratory Analysis Report

Report Date: 10/21/2005 09:42 AM

## LABORATORY SERVICES DIVISION

LOCATION: SCALLY101805
LOC ID: G-NEW
SAMPLE DATE-TIME: 10/18/2005 14:19
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB52007
CHAIN OF CUSTODY #: 05100316

| | Parameter | Result | Units | RL | Method | Start Date/ Time | Analyst |
|---|---|---|---|---|---|---|---|
| AB52007 | Chloromethane | Less than | ug/L | 21 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Vinyl Chloride | Less than | ug/L | 10 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Bromomethane | Less than | ug/L | 14 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Chloroethane | Less than | ug/L | 10 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Trichlorofluoromethane | Less than | ug/L | 10 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | 1,1-Dichloroethene | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Carbon Disulfide | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Iodomethane | Less than | ug/L | 16 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Acrolein | Less than | ug/L | 100 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Methylene Chloride | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Acetone | Less than | ug/L | 50 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | trans-1,2-Dichloroethene | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Methyl-tert-butyl-ether (MTBE) | Less than | ug/L | 0.50 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | 1,1-Dichloroethane | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Acrylonitrile | Less than | ug/L | 100 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Vinyl acetate | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | cis-1,2- Dichloroethene | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Bromochloromethane | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Chloroform | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Carbon Tetrachloride | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | 1,1,1-Trichloroethane | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | 2-Butanone (MEK) | Less than | ug/L | 66 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Benzene | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | 1,2-Dichloroethane | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Trichloroethene | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Dibromemethane | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | 1,2-Dichlorpropane | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Bromodichloromethane | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | 2-Chloroethyl vinyl ether | Less than | ug/L | 18 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | cis-1,3-Dichloropropene | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Toluene | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | 4-Methyl-2-pentanone | Less than | ug/L | 50 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | trans-1,3-Dichloropropene | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Tetrachloroethene | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | 1,1,2-Trichloroethane | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |

CHARLOTTE

**Laboratory Analysis Report**
Report Date: 10/21/2005 09:42 AM

## LABORATORY SERVICES DIVISION

LOCATION: SCALLY101805
LOC ID: G-NEW
SAMPLE DATE-TIME: 10/18/2005 14:19
SAMPLE DESCRIPTION: Grab

SAMPLE ID: AB52007
CHAIN OF CUSTODY #: 05100316

| | Parameter | Result | Units | RL | Method | Start Date/ Time | Analyst |
|---|---|---|---|---|---|---|---|
| AB52007 | Dibromochloromethane | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | 1,2-Dibromoethane | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | 2-Hexanone | Less than | ug/L | 50 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Ethylbenzene | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Chlorobenzene | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | 1,1,1,2-Tetrachloroethane | Less than | ug/L | 6 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Total Xylenes | Less than | ug/L | 17 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Styrene | Less than | ug/L | 6 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | Bromoform | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | trans-1,4-Dichloro-2-butene | Less than | ug/L | 6 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | 1,1,2,2-Tetrachloroethane | Less than | ug/L | 6 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | 1,2,3-Trichloropropane | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | 1,3-Dichlorobenzene | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | 1,4-Dichlorobenzene | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | 1,2-Dichlorobenzene | Less than | ug/L | 5 | SW846 / 8260 | 10/19/2005 22:24 | KO |
| AB52007 | 1,2-Dibrome-3-chloropropane | Less than | ug/L | 12 | SW846 / 8260 | 10/19/2005 22:24 | KO |

Comment:

Laboratory Supervisor: _____

Laboratory Certifications: McAlpine NC DENR No.148; Brookshire NC DENR No.162; Hal Marshall N.C. DENR No. 192, N.C. DHHS Laboratory No. 37527

# CHARLOTTE-MECKLENBURG UTILITIES - LABORATORY SERVICES DIVISION

**CHAIN OF CUSTODY RECORD**

**Hal Marshall Laboratory,** 700 North Tryon St., Charlotte, NC 28202, 704/336-5460

PAGE 1 OF 1

CLIENT: MECKLENBURG COUNTY, LUESA - GROUNDWATER AND WASTEWATER SERVICES

FACILITY: GROUNDWATER (Potable Water) Scally Residence

LOCATION / ADDRESS: 12539 Rocky River Rd

LAB CODE (circle one): REAL PRIV (NEW) TNC MPL PME OTHER

**Send Report To:** Zach Petersen
700N Tryon St. Ste. 205
Charlotte, NC 28202

**COC#:** 0510031L

Sampled By (Print Name): Zach Petersen

| SAMPLE ID | Sample Collector's Initials | Sample Collection: Begin Date and Time | Sample Collection: End Date and Time | Chlorinated System | Sample Temperature: Collection Temp | Sample Temperature: Receipt Temp | Sample Type: Depth Composite | Sample Type: Auto Composite | Sample Type: Hand Comp | Sample Type: Grab | Sample Containers: Plastic | Sample Containers: Glass | Sample Containers: # Containers | Chemical Preservative: None | HNO3 | H2SO4 | NaOH | HCl | Na2S2O3 | pH Correct | Analyses Requested: Total Coliform | Nitrate **SEE NOTE** | Nitrite | Nitrate + Nitrite | Fluoride | Hardness | Metals | Fecal Coliform | Fecal Strep | Pest/PCB, EPA 608 | Herb, EPA 8151 | VOA, EPA 8260 | Semis, EPA 8270 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| GWS-Scally101805 | | 10/18/05 14:19 ~~1420~~ | | N | 16.8 | 3.7 | | | | X | | 40 ML | 2 | | | | | X | | ✓ | | | | | | | | | | | X | |
| | | | | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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5200

NOTES: Complete yellow shaded sections; each "X" needs to be circled.

Itemize requested Metals here:

COMMENTS:

| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
|---|---|---|---|
| [signature] | [signature] | 10-18-05 | 1550 |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |
| Relinquished By: (Signature) | Received By: (Signature) | Date | Time |

Form Revision 05; effective 03/16/2005

CODES: **REAL**=REAL ESTATE TRANSACTION **PRIV**=PRIVATE WELL SAMPLING BY REQUEST OR FOR REPAIR **NEW**=NEW WELL (PERMIT)

AP
Visa 0607126
GWS - RES. APP 12/04
$400.00 8/19/05
[redacted] V.W.

[redacted]

PERMIT APPLICATION FOR A RESIDENTIAL SITE
IMPROVEMENT PERMIT / CONSTRUCTION AUTHORIZATION
FOR ON-SITE WASTEWATER SYSTEM
NEW WELL INSTALLATION OR REPAIR OF EXISTING WELL
MECKLENBURG COUNTY GROUNDWATER & WASTEWATER SERVICES

FILE # 60983

SEPTIC / TYPE APPLICATION: ☐ NONE ☐ NEW SYSTEM EXISTING SYSTEM: ☐ EXPANSION/ALTERATION ☐ REPAIR

WELL / TYPE APPLICATION: ☐ NONE ☑ NEW WELL ☐ MAJOR REPAIR ☐ ABANDONMENT

**JOB LOCATION INFORMATION:**

TAX/PARCEL #: 11149109
STREET ADDRESS: 12539 Rocky River Church Rd.
CITY: Charlotte
STATE: NC ZIP: 28215
SUBDIVISION OR MOBILE HOME PARK NAME:
LOT #:
TOWNSHIP:

☑ 0-MECKLENBURG ☐ 4-PINEVILLE
☐ 1-CHARLOTTE ☐ 5-MATTHEWS
☐ 2-DAVIDSON ☐ 6-HUNTERSVILLE
☐ 3-CORNELIUS ☐ 7-MINT HILL

**BUILDING INFORMATION:**

TYPE OF BUILDING:

☐ SINGLE MOBILE HOME (S) ☐ MODULAR HOME (M)
☐ DOUBLE WIDE (D) ☐ MULTIPLE FAMILY (U)
☑ HOUSE (H) ☐ OTHER

HEATED SQUARE FOOTAGE: 1400 sq ft
NUMBER OF BEDROOMS: 2
NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

☐ CONCRETE SLAB ☐ BASEMENT WITH PLUMBING
☑ CRAWL SPACE ☐ BASEMENT WITH NO PLUMBING

IF PLANNING TO EXPAND/ALTER THE EXISTING SYSTEM INDICATE THE FOLLOWING CHANGES:

NUMBER OF BEDROOMS TO BE ADDED: NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE:
WILL THERE BE A HOME BUSINESS IN THE RESIDENCE? ☐ YES ☐ NO TYPE:

**WATER SUPPLY:**

☐ MUNICIPAL (M) ☐ PUBLIC (C) ☑ PRIVATE WELL (P) ☐ SHARED WELL (S) ☐ OTHER 'SPRINGS' (O)

PROPOSED USE OF WELL: ☐ N/A ☐ IRRIGATION ☐ POTABLE ☐ GEOTHERMAL ☐ OTHER

ARE ANY OF THE FOLLOWING LOCATED ON THE PROPERTY? IF SO, PLEASE SHOW LOCATION ON SITE PLAN/PLAT.

| | | | | | |
|---|---|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ☐ YES | ☑ NO | WELLS, SPRINGS, OR WATER LINES | ☑ YES | ☐ NO |
| EXISTING WASTEWATER SYSTEMS | ☐ YES | ☑ NO | DESIGNATED WETLANDS | ☐ YES | ☑ NO |
| EASEMENTS OR RIGHT-OF-WAYS | ☐ YES | ☑ NO | GRADING/SOIL REMOVAL PERFORMED | ☐ YES | ☑ NO |

**PROPERTY OWNER:**

NAME: Ronald & Sandra Scally
ADDRESS: 12710 Rocky River Church Rd
CITY: Charlotte
STATE: N.C. ZIP: 28215
HOME PHONE: 704-545-6716 WORK PHONE: 704 545-6716
MOBILE PHONE: 704-622-0609 FAX:

**LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE:**

NAME: DL Mullis Well Drilling, Inc
ADDRESS: PO Box 691446
CITY: Charlotte
STATE: NC ZIP: 28227
HOME PHONE: - WORK PHONE: 545-5694
MOBILE PHONE: FAX: 545 9449

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED?
WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY?

"An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date 8-18-05

"A Well Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

Owner's/Agent's Signature Date 8-18-05

NORTH CAROLINA DEPARTMENT OF
ENVIRONMENT & NATURAL RESOURCES DIVISION
OF ENVIRONMENTAL HEALTH ON-SITE

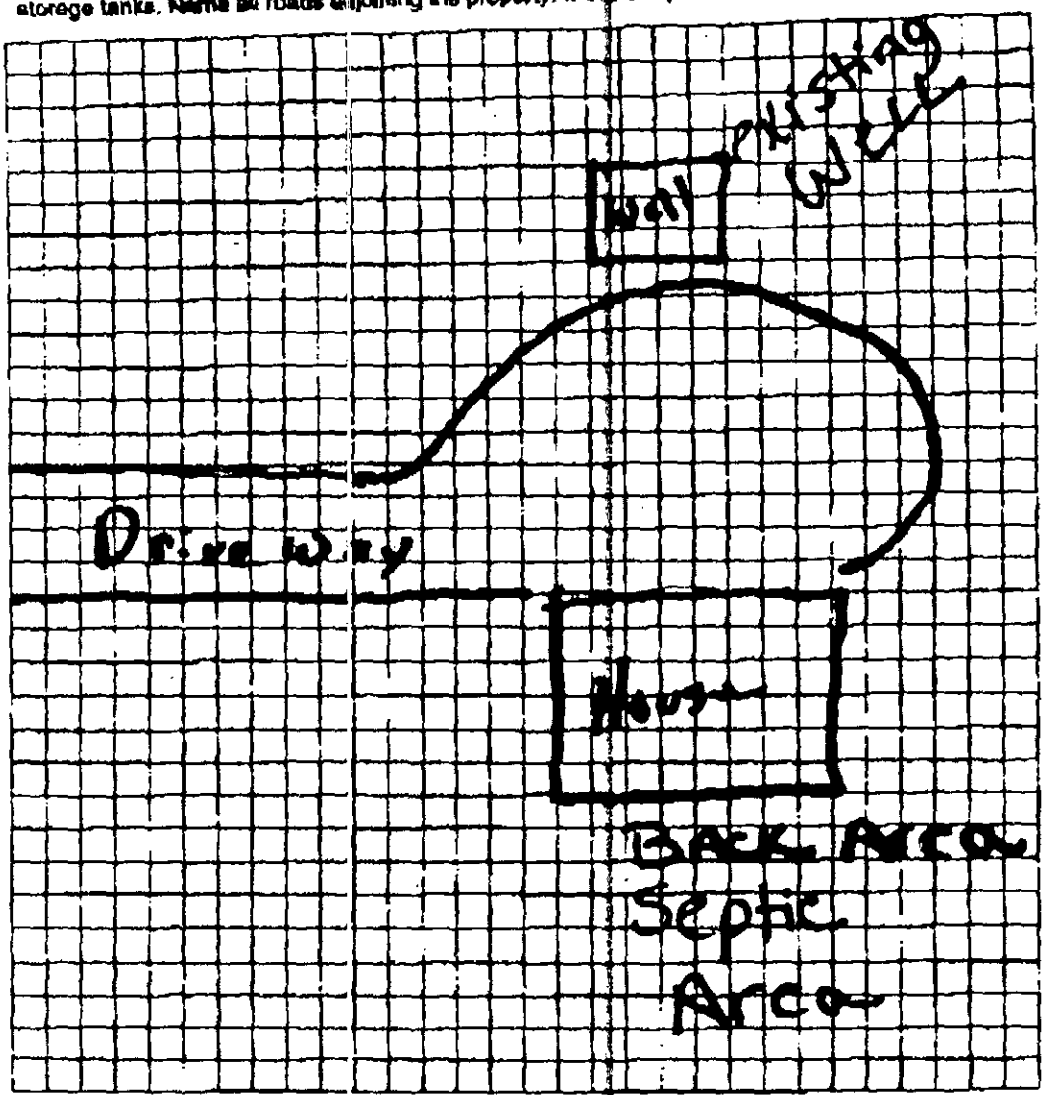
MECKLENBURG COUNTY HEALTH DEPARTMENT
GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST., SUITE 211
CHARLOTTE, NC 28202

File # 60985
Date 5/19/05

Mecklenburg County
Land Use & Environmental Service Agency
Groundwater & Wastewater Services
700 N. Tryon St., Suite 211
Charlotte, NC 28202
Phone: (704) 336-5103
Fax: (704) 336-6804

## PROPOSED PLOT PLAN

A map showing existing and proposed property lines and easements with dimensions, the location of the single family residence, non-single family residence, or other facility, and appurtenances, the site for the proposed well, and the location of existing or proposed sewer lines and/or sewage disposal systems, surface water bodies, aboveground or underground storage tanks. Name all roads adjoining the property. If this a repair indicate the type of repair.




| |
|---|
| Owner/Agent Signature |
| Date 5/19/05 |

LBC 12/15/04

*MECKLENBURG COUNTY*
*LAND USE AND ENVIRONMENTAL SERVICES*
*Payment Receipt*

**Receipt Information**

**Date:** 08/19/05
**Receipt #:** 36487
**Check / Auth #:** VISA 060726
**Received By:** WALKEVA

**Amount:** 400.00
**Tendered:** 0.00
**Returned:** 0.00

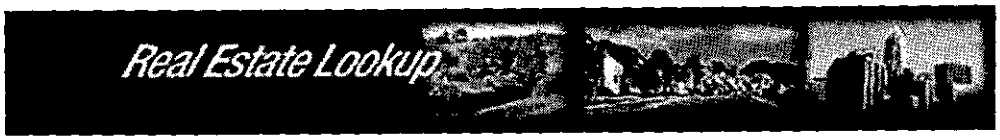
**Account Information**

**Account #:** 200000
**Contractor:** DL MULLLIS WELL DRILLING, INC.
**Attn:**
**Address:** P.O. BOX 691446
**Address:**
**City/State/Zip:** CHARLOTTE, NC 28227

| Item | Description | Permit# | Quantity | Unit Price | Total Price |
|---|---|---|---|---|---|
| 0753 | Private Well, New<br>12539 ROCKY RIVER CHURCH ROAD | | 1 | 400.00 | 400.00 |

----------Outstanding Balances----------

| Month-To-Date | Prior Month | 30 Days | 60 Days | 90 Days | Balance |
|---|---|---|---|---|---|




Print

Close

## Parcel Information

| Parcel ID | Account | Parent | Previous |
|---|---|---|---|
| 11149109 | INDIVIDUAL | | 11128102 |

## Owner(s)

| Owner Name | Mailing Address | City/State |
|---|---|---|
| SCALLY SANDRA L | 12720 ROCKY RIVER CHURCH RD | CHARLOTTE NC 28215-8019 |

## Legal Information

| Legal | Municipality | Annexed | Special District | Fire District | Acreag |
|---|---|---|---|---|---|
| 12539 ROCKY RIVER CH RD | MECKLENBURG COUNTY-UNINCORPORATED | | FIRE SERVICE A | ROBINSON | 0 |

## Total Parcel Assessment & Exemptions

| Building | Land | Features | Total | Exemption | Year Approved | Review Date | Amount |
|---|---|---|---|---|---|---|---|
| 51800 | 29100 | 600 | 81500 | | | | |

## Sales Information

| Sale | Price | Stamps | Qualify | V/I | DeedBook | Type | Legal Ref. | Grantor |
|---|---|---|---|---|---|---|---|---|
| Feb 11 1980 | 0 | | | IMP | 04278 - 360 | WARRANTY D | 04278-360 | |

## Land Use

| Use | Units | Type | Neighborhood | Assessment |
|---|---|---|---|---|
| R100 | 0.94 | AC | L101 | 29100 |

## Building Information

| Bldg | Description | Type | Year Built | Property Location |
|---|---|---|---|---|
| 1 | Single-Fam | RES | 1940 | 12539 ROCKY RIVER CHURCH RD UNINC |

| Bldg | Story | Units | Total SqFt | Heated | Foundation | Ext. Wall | Grade | Value |
|---|---|---|---|---|---|---|---|---|
| 1 | 1 STORY | 1 | 1116 | 846 | CRAWL SPACE | WOOD ON SHTG - | AVERAGE 03 | 51800 |

| Bldg | Heat | Fuel | FirePlace | AC | Fixtures | Bedrooms | Full Baths | 3/4 Baths | 1/2 Baths |
|---|---|---|---|---|---|---|---|---|---|
| 1 | AIR-DUCTED | OIL/WD/COAL | | AC-NONE | | 2 | 1 | | 0 |

## Sub Areas

| Bldg | Description | Size |
|---|---|---|
| 1 | BASE (FIRST FLOOR) | 846 |
| 1 | PORCH - ENCLOSED - UNFINISHED (NO HEAT) | 110 |
| 1 | PORCH - OPEN - FINISHED | 160 |

## Depreciation

| Bldg | Physical | Functional | Economic | Special | Override |
|---|---|---|---|---|---|
| 1 | AV - 24% | | | | |

## Special Features & Yard Items

| Bldg | Built | Type | Quantity | Units | Value |
|---|---|---|---|---|---|
| 1 | 1940 | CARPORT | 1 | 1 | 0 |
| 1 | 1940 | STORAGE | 1 | 12X12 | 600 |

## Value Changes

| Notice Date | Tax Year | Reason | Changed To | Deferred |
|---|---|---|---|---|
| Jan 17 2003 | 2003 | Countywide Revaluation | 81500 | 0 |